

hospice and home care where the numbers have almost quadrupled from 2.4% of the total LPN workforce in 1987 to 9.5% in 2006. The shift in employment settings for LPNs is also reflected in the clinical practice areas they report (see Page 9). In 2006, 34% of employed LPNs reported their practice area as geriatrics or gerontology.

The increasing specialization which has occurred in nursing, as in all other health professions over the past 20 years, is reflected in the steady decline since 1987 in the proportion of RNs (43% in that year) who report medical /surgical nursing as their primary clinical practice area. By October, 2006, med/surg practice still comprised the single largest clinical identity, but now it accounts for only 10.5% of the RN workforce, followed by critical care (7.1%), pre- and post-operative nursing (6.3%), obstetrics/gynecology (6.1%), geriatrics (5.7%), community care (e.g. public health and home health/hospice) 5.4%, and emergency care (5.0%). The remaining categories each account for less than 5% of the total RN workforce. The data table on Page 8 shows how the RN workforce has been distributed over various clinical practice areas since 1987. Readers should be aware that the table presents response categories that were in use on the RN license renewal forms prior to 1999 for the sake of comparability over time. A more expansive list of categories went into use in 1999 and is used in the chart at the top of Page 8 which profiles the 2006 RN workforce. Clinical practice area information was not collected at all for LPNs before 1999, therefore only five years of trend data are available for LPNs (see Page 9). The chart on that page profiles the more detailed clinical practice areas of the 2006 LPN workforce.

## Endnotes

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<sup>1</sup> The Registered Nurse Population: Findings from the March 2004 National Sample Survey of Registered Nurses. June, 2006. Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services.

<sup>2</sup> Note that the definition of the 'community agency' category as it relates to employment setting has changed over time. Prior to 1997, the NC license renewal form contained the phrase 'Community Based Agency' as one option for nurses to describe their employment setting. The other category options were: hospital, nursing home, school of nursing, private duty, school, industry, physician/dentist office, or other. Beginning in 1997, the employment setting categories were expanded to improve our understanding of the nursing workforce. The new categories split hospital into two categories: in-patient and out-patient. The community based agency category was dropped in favor of three new categories: public clinic/health department; mental health facility; and home care/hospice which were thought to capture most of what had been previously reported as community based agencies. The other categories used in the new format include: long term care; solo or group medical practice; HMO or insurance company; student health site; industry/manufacturing site; private duty; school of Nursing or Medicine; and other.

The data tables in this report that contain information about the distribution of nurses over various employment settings in multiple years combine the hospital in-patient and hospital out-patient choices under the single category of Hospital. The counts for HMO/ insurance company and solo or group medical practice are combined under the heading Medical Office/HMO, and the heading Community Agencies contain the counts from the categories home care/hospice; public clinic/health department; and mental health facility. These definitional changes affect the numbers reported for the years 1998 and later.